CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MR CHRISTIAN J	OFFICE USE ONLY Date Received		
	NICKNAME LAST SUFFIX	NOV 0 2 2015		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1990 E RUNSING DY GRAPENING TX 76051	12:33 NO		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 705-5018	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI MEL MERRICYIV	Receipt # Amount \$		
NAME	NICKNAME LAST SUFFIX	Date Processed		
	DAVIS	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 2315 Ridge Ln (Vapolik TX	760S		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 491 - 2219			
9 REPORT TYPE	January 15 30th day before election Runoff July 15 Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED		Day Year 2015		
11 ELECTION	Month Day Year Primary Runoff Other Description General Special			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)			
	Cty Council	Pince 1		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Christian 12	<i>6)</i> }	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	i e	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,299.99		
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 343.83		
	4. TOTAL POLITICAL EXPENDITURES \$ 3419.91				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 AFFIDAVIT					
ANNE BAKER Notary Public State of Texas My Comm. Expires 01-14-2016 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
AFFIX NOTARY STAM	P/SEALABOVE	Λ .			
Sworn to and subscr	ribed before me, l	by the said	, this the		
day of NOVEMBER, 20 15, to certify which, witness my hand and seal of office.					
Chre 1	Baker	ANNE BAKER	NOTARY		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	- Trained Internation Expense	Polling Expense Travel In District Printing Expense Travel Un District Salaries/Wages/Contract Labor Other (enter a category not listed above)
Orean Cara r ayment	The Instruction Guide explain	s how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME CHRISTIAN DIS	3 Filer ID (Ethics Commission Filers)
4 Date 10 (22 15	5 Payee name IMMOT SIGNS	
6 Amount (\$)	7 Payee address; City; State; Zi	p Code
2045.43	Chenterine	, TX 760SI
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description
PURPOSE OF EXPENDITURE	ADVERDISMY (SIGNS	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPANON SIGNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/8/15	The T-shirt Guys	
Amount (\$)	Payee address; City; State; Zip	Code
595.38	Grafishu.	TX 760T1
	Category (See Categories listed at the top of this so	nedule) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	A La La	Check if Austin, TX, officeholder living expense
	Advunsing	Shvits
	Condidate (Office lead)	2110142
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/7/10	Sign a - Vann	
Amount (\$)	Payee address; City; State; Zip	Code
164.19	Grapeine, I	X 76051
- Paradella de la companya del companya de la companya del companya de la company	Category (See Categories listed at the top of this sch	edule) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advahsing	Check if Austin, TX, officeholder living expense
	ELEGAN LESSON	A
Complete ONLY if direct	Candidate / Officeholder name	Charpalyn Sighs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1	The Instruction Guide explains how to	3 Filer ID (Ethics Commission Filers)
4 Date 6 15	5 Payee name Print Place	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
482.25	Arlington, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advivings	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
89.00	online California	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Onsulhing Expuse	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 0 21 15	Payee name LOWL'S Southfale	
Amount (\$)	Payee address; City; State; Zip Code	
159.77	Southlake, TX	76092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
The first the second at the left to the second at the seco	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 11/57h 4 Date 5 Payee name DW hrapuline 6 Amount (\$) 7 Payee address: City; State; Zip Code 16051 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Berrage Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Wise Guys Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code 75.08 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held